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Application Number	09/990,909
Filing Date	November 16, 2001
First Named Inventor	Joan M. Fallon
Title	METHODS FOR DIAGNOSING PERVASIVE DEVELOPMENT DISORDERS, DYSAUTONOMIA AND OTHER NEUROLOGICAL CONDITIONS
Art Unit	1645
Examiner Name	Portner, Virginia Allen
Attorney Docket Number	41012-700

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith
or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Joan M. Fallon

Telephone

Title and Company

Chief Executive Officer, CUREMARK LLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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